

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: MILTON POST #114 AMERICAN LEGION DOING BUSINESS A ADDRESS 123 GRANITE AVE. CITY/TOWN: MILTON STATE: MA ZIP CODE: 02186 MANAGER: TERRELL TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol ROBERT F. EMAIL ADDRESS: PLASE ALSO VISIT OUR WEBSTIF AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE 1 her renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 164).	LICENSE NU	MBER: 0/2000002		CITY OR TOWN MILTON	
LICENSEE NAME: MILTON POST #114 AMERICAN LEGION DOING BUSINESS A ADDRESS 123 GRANITE AVE. CITY/TOWN: MILTON STATE: MA ZIP CODE: 02186 MANAGER: TERRELL, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol ROBERT F. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain]	APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
DOING BUSINESS A ADDRESS 123 GRANITE AVE. CITY/TOWN: MILTON STATE: MA ZIP CODE: 02186 MANAGER: TERRELL, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol ROBERT F. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEISTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below; APPROVED: DATE: LOCAL LICENSING AUTHORITY By: DATE:			CLASS		YEAR
ADDRESS 123 GRANITE AVE. CITY/TOWN: MILTON STATE: MA ZIP CODE: 02186 MANAGER: TERRELL, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol ROBERT F. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED:	LICENSEE N.	AME: MILTON PC	OST #114 AMERICAN L	EGION	
CITY/TOWN: MILTON STATE: MA ZIP CODE: 02186 MANAGER: TERRELL, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol ROBERT F. EMAIL ADDRESS: PILENSE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	DOING BUSI	NESS A			
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ROBERT F. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	CITY/TOWN:	: MILTON	STATE: MA	ZIP CODE: 02186	
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DESCRIPTION OF LICENSED PREMISES: TWO STORY FRAME BLDG AT 114 GRANITE AVE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By: DISAPPROVED: CIff disapproved explain)	EMAIL ADDI	RESS:			
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APPROVED: By: DISAPPROVED: (If disapproved explain) DATE:	Acts of 2004, named licens	signed by the buildi	ng inspector and the he	ad of the fire department for the	above
DISAPPROVED: [LOCAL LICENSING AUTH	ORITY
(If disapproved explain) DATE:				By:	
DATE:					
	(If disapprove	a explain)			
	DATE:				
		D DENIEWAL MILET DE EU E	ED DV I ICENICEEC DUDING TUT	MONTH OF NOVEMBER (A.C.). (1. 100 ft.)	<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 072000003		CITY OR TOWN MILT	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: WOLLASTO	ON GOLF CLUB		
DOING BUSI	NESS A			
ADDRESS 99	9 RANDOLPH AVE	•		
CITY/TOWN:	: MILTON	STATE: MA	ZIP CODE: 02186	5
MANAGER:	Shaughnessy, Richard G.	TYPE OF LICENSE: Clu	db CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PF			
CARD ROOM	I, GRILL ROOM,BA		G DINING ROOM,LOUNC OMENS LOCKER ROOM A ERRACE	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed	l;
2. the	licensee has complie	d with all laws of the Comm	nonwealth relating to taxes;	and
3. the	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELER	PHONE NUMBER:	EMPLOYER IDENTII	
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by C d of the fire department for rance required by Chapter	r the above
Please Check Bel	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000004		CITY OR TOWN	MILTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NPP, INC			
DOING BUSINESS A CENTRAL LIQUO	OR MART		
ADDRESS 26 CENTRAL AVENUE			
CITY/TOWN: MILTON	STATE: MA	ZIP CODE:	02186
MANAGER: PATEL, ANILA TYP SHAILESH	E OF LICENSE: Pack	tage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
ONE STORY BLDG WITH A CELLAR I FLOOR,ONE FOR SELLING AND A RE			THE FIRST
 the renewed license will be of t the licensee has complied with the premises are now open for l 	all laws of the Comm	onwealth relating to	
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 072000005		CITY OR TOV	WIN MILION	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
	: DELANEY LIQU S A EAST MILTON				
ADDRESS 368 GR	ANITE AVE				
CITY/TOWN: MI	LTON	STATE: MA	ZIP CODE	2: 02186	
MANAGER: DEI CHI	LANEY, TY	PE OF LICENSE: P	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	E EMAIL ADDRESS		
	LICENSED PREMI				
TWO ROOMS ON GRANITE AVE	STREET FLOOR,CI	ELLAR FOR STOR	AGE. ENTRANC	E AND EXIT C	ON
3. the prem	ises are now open for Individual, Partner	r or Authorized Cor			
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICATION IN THE PROPERTY OF THE PRO	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	2000006		CITY OR TO	WIN MILION		
APPLICATION FOR RI	ENEWAL:	Annual	LIC	CENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: ES DOING BUSINESS A ADDRESS 25 CENTRA		NC				
CITY/TOWN: MILTO	N	STATE: MA	ZIP CODE	2: 02186		
MANAGER: MILLS,	KEITH P. TYI	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION OF LIC						
800 SQ FT BRICK BUI	LDING ON THE	E CORNER OF ELI	OT ST AND CEN	NTRAL AVE.		
2. the licensee h 3. the premises a	as complied with	the same type for the all laws of the Conbusiness (If not experience) or Authorized Corp	nmonwealth relati			
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT ☐ Individual Social S		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	ENSING AUTH	ORITY	
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/200000/		CITY OR TOWN MILTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS	,	YEAR
LICENSEE NAME: MILTON FULLER F DOING BUSINESS A FULLER VILLAGE ADDRESS 1399 BLUE HILL AVENUE			
CITY/TOWN: MILTON	STATE: MA	ZIP CODE: 02186	
MANAGER: FELTON, DEBORA TYPE H	OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE.		IAIL ADDRESS	
1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu	e same type for the Il laws of the Commusiness (If not expla	nonwealth relating to taxes; and in below)	
Individual, Partner or	Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Se	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license 2010.	ector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	DRITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 072000008		CITY OR TOV	VN MILTON	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 10 BASS CITY/TOWN: MII	A SETT STREET	TER INC. STATE: M	1A ZIP CODE	: 02186	
					Wine and
	NOSA, TY HAEL V.	PE OF LICENSE	.: Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V		OUR EMAIL ADDRESS		
DESCRIPTION OF 13000 S/F FOOD RI		ISES:			
2. the licens	ved license will be of	f the same type for h all laws of the C	r the same premises r Commonwealth relation explain below)		
SIGNED BY	Individual, Partne	r or Authorized C	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICA Lindividual Social	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICE By:	ENSING AUTH	IORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 072000009		CITY OR TOW	N MILTON	
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE MILTON HO	OSIC CLUB, INC			
DOING BUSINESS	A THE MILTON HO	OOSIC CLUB			
ADDRESS 193 CEN	TRAL AVE				
CITY/TOWN: MIL	TON	STATE: MA	ZIP CODE:	02186	
MANAGER: LAM A.	IB, PATRICIA TYP	E OF LICENSE: C	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
 the renew the license 	wear under penalties ed license will be of t ee has complied with	the same type for the all laws of the Com	monwealth relating		
3. the premi	ses are now open for	business (If not exp	iain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TEEE HOW	BIVONIBER.	(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: Lagrangian (If disapproved explain)	 nin)				
(11 disapproved expit	···· <i>,</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 072000010		CIT	TY OR TOWN	MILTON	
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	MILTON FULLER	HOUSING (CORP			
DOING BUSINESS	A					
ADDRESS 1372 BF	RUSH HILL RD					
CITY/TOWN: MII	LTON	STATE:	MA	ZIP CODE:	02186	
	TON, TYP SORAH	E OF LICEN	SE:Restaur	rant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:				
	see has complied with ises are now open for I	business (If n	ot explain b	pelow)	to taxes; and	
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and tl	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)			OCAL LICEN y:	ISING AUTHO	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:072000011		CITY OR	TOWN	MILTON	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	WHARF STREET	RESTAURANT	GROUP LLC			
DOING BUSINESS	A WHARF STREE	T GRILL				
ADDRESS 88 WHA	RF STREET					
CITY/TOWN: MIL	TON	STATE: N	MA ZIP C	ODE:	02186	
MANAGER: collin	ns, john TY	PE OF LICENSE	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDRESS			-
DESCRIPTION OF I						
3400 SQ, FT. RESTA BUILDING inleuding			OF A MIXED U	JSE CON	DOMINIUM	ſ
I hereby certify and s	wear under penaltie	s of perjury that:				
	ed license will be of		_			
	ee has complied with			relating to	taxes; and	
3. the premis	ses are now open for	business (If not o	explain below)			
SIGNED BY	Individual, Partne	r or Authorized C	orporate Office	er		
DATE:	TELEPHON	IE NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and the	head of the fire	e departı	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			LOCAL By:	LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:	:>			LICENS	ING AUTHO	ORITY
APPROVED:	in)			LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:	uin)			LICENS	ING AUTHO	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000012		CITY OR TOWN	MILTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WELCH RE	STAURANT MANAGEM	ENT LLC	
DOING BUSINESS A ABBY PA	RK		
ADDRESS 550 ADAMS STREET			
CITY/TOWN: MILTON	STATE: MA	ZIP CODE:	02186
MANAGER: WELCH, VANCE	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
TWO FLOOR MERCANTILE BU THE FIRST FLOOR AND BASEM			FEET ON EACH OF
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now	licensed;
<u>*</u>	ed with all laws of the Comm	•	taxes; and
3. the premises are now op	en for business (If not expla	ain below)	
SIGNED BY			
Individual, I	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000013	3	CITY OR TOWN MILTON	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: B&D ICHI	IRO, INC.		
DOING BUSINESS A ICHIRO	SUSHI		
ADDRESS 538A ADAMS STRE	EET		
CITY/TOWN: MILTON	STATE: MA	ZIP CODE: 02186	
MANAGER: LIANG, LI FAN	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR E	CMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
	ING A DINING ROOM WIT	OF SPACE LOCATED 538A ADA TH A SEATING CAPACITY OF PRESS IN THE REAR	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	e same premises now licensed;	
2. the licensee has compl	lied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now of	open for business (If not expl	lain below)	
SIGNED BY Individual	, Partner or Authorized Corp	orate Officer	
DATE			
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
		(1706). 1701 Individual Social S	ceurity (vullber)
Acts of 2004, signed by the buil	lding inspector and the hea	ne certificate required by Chapt d of the fire department for the arance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000014		CITY OR TOWN MILTON		
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013	
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS	S A	JS, LLC		
ADDRESS 95 ELIC				
CITY/TOWN: MI	LTON	STATE: MA	ZIP CODE:	02186
	RRIGNA, T NIEL P.	YPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	FLICENSED PREM	MISES:		
I hereby certify and	swear under penalti	ies of perjury that:		
		of the same type for the s	•	
	_	ith all laws of the Comm	_	taxes; and
3. the prem	ises are now open f	for business (If not explain	in below)	
SIGNED BY	Individual, Partr	ner or Authorized Corpor	rate Officer	
SIGNED BY	Individual, Partr	ner or Authorized Corpor	rate Officer	
SIGNED BY DATE:		ner or Authorized Corpor	EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
DATE: We the undersigned Acts of 2004, signed	TELEPHO ed, attest that we a ed by the building	ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departi	ed by Chapter 304 of the
DATE: We the undersigned Acts of 2004, signed named license and	TELEPHO ed, attest that we a ed by the building	ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signonamed license and of 2010.	TELEPHO ed, attest that we a ed by the building	ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO ed, attest that we a ed by the building I (2) the certificate	ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHO ed, attest that we a ed by the building I (2) the certificate	ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
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